

CLARKE ELECTRIC COOPERATIVE
OPERATION ROUND-UP™ PROGRAM

Organization Grant - **Final Report**

Date of Report: _____

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Contact Person: _____

Phone @ work: _____ Cell _____ Fax: _____

Email: _____

Project Name: _____ Amount Received: _____

Start Date of program/project: _____ Completion Date: _____

Please include the following supporting documents with this form:

- Pictures of the project/program
- "Before pictures" (if applicable)
- Summary of the progress/results of your project/program
- Description of any significant challenges experienced related to the project/program

I represent that I am authorized by the named organization to submit this final report on its behalf and to make the assertions in this certification and to bind the organization accordingly. I understand that Clarke Electric Cooperative Operations-Round-Up has the right to fully audit the use of this donation at any time. I also understand Clarke Electric Cooperative Operation Round-Up may use this final report for publicity and promotional purposes.

Signature

Printed Name